

TEMPORARY ZONING CERTIFICATE APPLICATION

NO.

Office of Zoning Administration 225 N. Center Street - Room 111 Westminster, MD 21157 410-386-2980 TDY 410-848-3017

► Marked areas to be filled in by applicant

I OCATION INTONIALTION					\$25.00 FEE PAYABLE TO CARROLL COUNTY				
LOCATION INFORMATION					ST. ROAD CO. ROAI			DDW/ BOAD	
ADDRESS OF PROPERTY							CO. ROAD	PRIV. ROAD	
SUBDIVISION NAME LOT NO. SEC. NO			PLAT	TAX MAP	GRID/BLOCK	PARCEL NO.			
SUBDIVISION NAME		LOT NO.		LC. NO	LLMI	TAX WAI	GRID/BLOCK ▶	ARCEL NO.	
ACCOUNT NO.			TRANSFER		RED Y OR N	ELECT DIST	LIBER/FOLIO	ACREAGE/LOT SIZE	
hecourino.						•	,	,	
OWNER/APPLICANT INFORMATION									
PROPERTY OWNER(S) AS RECORDED IN LAND RECORDS TELEPHONE NUMBER									
						>			
PROPERTY OWNER(S) ADDRESS						STATE	CITY	ZIP CODE	
						•		•	
APPLICANT(S) NAME(S) (IF NOT SAME AS PROPERTY OWNER)						TELEPHONE NUMBER			
•						•			
	ESS (IF NOT SAME AS PROP	ERTY OWNER))			STATE	CITY	ZIP CODE	
•						. === 0.1			
DESCRIPTION/USE	USE	DESCRIP	TI	ON IN	IFORM.	ATION			
•									
BUILDING PER	MIT REQUIRED	□ YES		□ N	O R	ECEIPT NO.		FEE	
CAUTION: I/We have carefully examined and read this application and know the same is true and correct. I/We are aware as Applicant, it is My/Our RESPONSIBILITY to apply for and receive all necessary permits and inspections for this project. I/We understand it is My/Our RESPONSIBILITY to comply with all the provisions of Carroll and the State.									
APPLICANTS SIGNATURE						DATE			
ZONING DISTRICT	ZONING ORDINANCE	BZA NO.		ZA NO.			☐ APPROVED OR ☐ DENIED		
						DAT	F		
SDECIAL CONDITIONS.									
SPECIAL CONDITIONS:					Aľ	APPROVALS:			
				ZON	ZONING		DATE		
								DATE	
				<u> </u>	OTHER DATE			DATE	

A Temporary Zoning Certificate shall become void after the date of the expiration listed above.



TEMPORARY ZONING CERTIFICATE AFFIDAVIT

■ I (we) hereby certify that I (we) own the property located at: and that the applicant, (Applicant's name) has my (our) permission to apply for a temporary zoning certificate for the use on the above-described property. I (we), owner(s) of the property upon which the described use is to take place, hereby authorize the Office of Zoning Administration of Carroll County, its officers and employees, to enter upon the premises for the purpose of inspecting the use applied for in this application. Corporate Name of Owner (frapplicable) Witness Signature (graphicable) Witness Signature (Graphicable) Tenant's Signature Tenant's Signature Tenant's Signature Tenant's Signature	PERMIT NO DATE							
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Witness Signature (3rd Party) * * * * * * * * * * * * * * * * * * *	I (we), owner(s) of the property upon which the described use is to take place, hereby authorize the Office of Zoning Administration of Carroll County, its officers and employees, to enter							
Witness Signature (3rd Party) * * * * * * * * * * * * * * * * * * *	>							
(3rd Party) * * * * * * * * * * * * * * * * * * *		Corporation Address						
(3rd Party) * * * * * * * * * * * * * * * * * * *	>							
I certify that I have contracted to be responsible for the use on the property described herein and consent to having my name listed on the temporary zoning certificate as the <u>Tenant.</u>		Officer's Signature and Position						
Tenant's Signature	I certify that I have contracted to be responsible for the use on the property described herein							
	Tenant's Signature							
Witness Signature (3rd Party) Trading as (company name)		Trading as (company name)						
		Address						
		Address						